

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Care (DDDH)	CHAPTER 89
Address: 94-983 Lunihoahu Street, Waipahu, Hawaii 96797	Inspection Date: April 16, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
MAY 26 2019
NO 40

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-12 Structural requirements for licensure. (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws. FINDINGS One (1) disinfectant spray was left unsecured in the resident's bathroom.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes. My deficiency has been corrected. I have already put the disinfection spray in a paper and locked cabinet.</i></p>	<p style="text-align: center;"><i>4-22-19</i></p>

19 APR 26 MO 4:43

RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws. <u>FINDINGS</u> One (1) disinfectant spray was left unsecured in the resident's bathroom.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To avoid this mistake from happening in the future, I have to make sure all disinfectant sprays and cleaning products containing chemicals are stored somewhere safe, secured, and away from the residents. I will also have my substitute caregiver double check.</i></p>	<div style="text-align: center;"> 4-22-19 </div>

STATE OF MICHIGAN
DEPT. OF HEALTH
COMMUNITY CARE

19 APR 26 AM 10:43

RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws. FINDINGS Caregiver stated that dishes were sanitized once a week.	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> <i>With the help of my substitute caregiver we have corrected this deficiency. Instead of scrubbing the dishes every week, we will now ^{sanitize} scrub the dishes everyday.</i> </p>	<p align="center">4-22-19</p>



§11-89-12 Structural requirements for licensure. (b)

Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.

FINDINGS

Caregiver stated that dishes were sanitized once a week.

PLAN OF CORRECTION

PART 1

DID YOU CORRECT THE DEFICIENCY?

**USE THIS SPACE TO TELL US HOW YOU
CORRECTED THE DEFICIENCY**

With the help of my substitute caregiver we have converted this daycare. Instead of strutting the chicken every week, we will now ^{use} ~~sanitize~~ the chicken weekly.

**Completion
Date**

4-22-19

10/10/1943
 10/10/1943
 10/10/1943

APR 26 1977

U.S. DEPARTMENT OF AGRICULTURE

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-12 Structural requirements for licensure. (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws. FINDINGS Caregiver stated that dishes were sanitized once a week.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this problem doesn't occur again in the future, my substitute caregiver and myself will make sure all dishes are clean and sanitized everyday</i></p>	<p style="text-align: right;"><i>4-22-19</i></p>

RECEIVED

19 APR 26 MO 4:44
STATE OF MICHIGAN
OFFICE OF THE ATTORNEY GENERAL

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 Records and reports, (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information: Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs. FINDINGS Resident #1 – No documentation made by the caregiver regarding EGD done on 3/22/2019.	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF HEALTH DIVISION OF LICENSING 19 APR 26 10:44</p>

RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information: Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs; <u>FINDINGS</u> Resident #1 - No documentation made by the caregiver regarding EGD done on 3/22/2019.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, to avoid this mistake I, with the help of my substitute caregiver will double check if I document EGD done on 3/22/19 and need resident #1 medication. We will also do the same for all of the residents.</i></p>	<p style="text-align: center;">4-22-19</p>

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19 APR 26 AM 4:47

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
STATE LICENSE

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 Records and reports. (g)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> One (1) resident admitted in August 2018 was not documented in a permanent general register.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>this deficiency has been corrected during my on-site inspection visit with my nurse consultant.</i></p>	<p align="center"><i>4-22-19</i></p>

STATE OF MARYLAND
DEPT. OF HEALTH
STATE LINE

REC'D
APR 26 19
NO 44

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> One (1) resident admitted in August 2018 was not documented in a permanent general register.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>With the help of my substitute caregiver, we will document immediately upon admitting a resident to the registry sheet. Also double check the documentation to avoid more mistakes in the future.</i></p>	<p style="text-align: center;">4-22-19</p>

APR 26 19

RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. FINDINGS Resident #1 - Emergency information sheet not up to date.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>My substitute caregiver and myself will consistently check if resident #1 emergency information sheet is current and updated.</i></p>	<p style="text-align: center;">4-22-19</p>

STATE OF ILLINOIS
 DEPARTMENT OF CHILDREN
 STATE LICENSING

19 APR 26 MON 10:44

PROCESSED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. FINDINGS Resident #1 – Emergency information sheet not up to date.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this problem doesn't occur again my substitute caregiver and myself will double check if all emergency information sheet are correct and updated every month or when as needed. Also when previous change medications for the resident, changes to account will be made immediately.</p>	<p style="text-align: right;">4-22-19</p>

STATE OF MICHIGAN
 DEPT. OF HUMAN SERVICES
 STATE LICE (SLS)

19 APR 26 MO 4:44

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-19 <u>Nutrition.</u> (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist. FINDINGS Resident #1 – Physician's diet order dated 10/25/2018 stated, "Regular soft." No evidence that special diet was provided as ordered by the physician.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I spoke to CHCA district today @ 4-22-19 at 1:23 pm and received instructions for specific regular soft diet as ordered by the physician.</p>	<p style="text-align: center;">4-22-19</p>

STATE OF OHIO
DEPARTMENT OF
STATE LICENSING

APR 26 19 10:44 AM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 Nutrition. (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietitian or nutritionist.</p> <p>FINDINGS Resident #1 – Physician's diet order dated 10/25/2018 stated, "Regular soft." No evidence that special diet was provided as ordered by the physician.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>If I don't understand the physician diet order for resident #1 (C regular soft) I will call OHA dietitian for help so that I can provide the right menu the special diet as recommended. To prevent this mistake from happening again, I will double check with the help of my substitute caregiver.</i></p>	<p style="text-align: center;">4-22-19</p>

STATE OF HAWAII
BOH-ONLY
STATE LICENSING

19 APR 26 MO 44

Licensee's/Administrator's Signature:

Raquel Tjorne

Print Name:

RAQUEL Tjorne

Date:

4-22-19

STATE OF HAWAII
BON-OLCA
STATE LICENSING

19 APR 26 MO:44